PREGNANCY MAINTENANCE INITIATIVE
CLIENT SATISFACTION SURVEY

1. How did you learn about these services?
   - □ Friend/Relative
   - □ Pregnancy Care Provider
   - □ Media (television, radio, newspaper)
   - □ Adoption Agency
   - □ School
   - □ Hospital
   - □ Brochure from agency listed above
   - □ Church
   - □ Health Department
   - □ Another agency: _____
   - □ Other, specify: _____

2. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management
   - □ Prenatal Medical Care
   - □ Medical Care (non-pregnancy related)
     - □ Client □ Infant
   - □ Housing
   - □ Alternative Education
   - □ Paternal Involvement Support
   - □ Adoption Guidance
   - □ Drug/Alcohol Assessment/Treatment
   - □ Domestic Abuse Protection
   - □ Childcare
   - □ Parenting Education/Support
   - □ Transportation

3. How long did you wait for your first visit with the PMI Case Manager?
   - □ Less than 1 week
   - □ 1 week
   - □ 2 Weeks
   - □ 3 Weeks
   - □ 4 Weeks or more

4. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work/school schedule, childcare)? □ No □ Yes
   Describe the problem: _____
   _____

5. Were the days and times for services good for you? □ No □ Yes
   What days would have been better for you? _____
   _____

6. On the average, how long did you have to wait before you were seen by the Case Manager or other staff at this agency?
   - □ less than 15 minutes
   - □ 15 – 30 minutes
   - □ 31 – 45 minutes
   - □ 46 – 60 minutes
   - □ 1 – 2 hours
   - □ Not applicable

7. During your visits:
   Did the Case Manager carefully listen to you? □ Yes □ No
   Did service providers carefully listen to you? □ Yes □ No
   Do you feel you participated in the goal planning? □ Yes □ No
   Were things explained in a way you could understand? □ Yes □ No
   If you checked "No" to any of the above, please explain: _____
   _____

9. Do you feel you were fully informed of:
   Available services to continue your pregnancy? □ Yes □ No
   Location of services? □ Yes □ No
   Requirement of services? □ Yes □ No
   Length of services during pregnancy and after? □ Yes □ No

10. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

    _____

    _____

    _____

11. Would you recommend these services to a friend or relative? □ Yes □ No

12. How old are you?
    - □ Under 15
    - □ 15 – 17
    - □ 18 – 19
    - □ 20 – 24
    - □ 25 – 29
    - □ 30 – 34
    - □ 35 – 39
    - □ 40 – 44
    - □ 45 – 54
    - □ 55 or older

13. What is your race?
    - □ White
    - □ Black/African American
    - □ American Indian/Alaskan Native
    - □ Asian
    - □ Native Hawaiian/Pacific Islander
    - □ Other

14. Do you consider yourself to be of Hispanic origin? □ Yes □ No